

Information furnished by the State Drugs Control Organizations in respect of testing of samples of drugs in the country reveal that 7 to 8 percent of samples were reported to be not of standard quality and out of this 0.2 to 0.3 percent were found to be spurious. The Ministry have information of terms of number of samples tested and this cannot be translated in terms of monetary value as prices of drugs vary from product to product.

(c) The Government is aware of the problem and had constituted expert committees from time to time to find ways and means to combat the menace of spurious drugs. The matter was also deliberated by an Expert Committee under the chairmanship of Dr. R.A. Mashelkar, Director General and Secretary, CSIR which was set up in 2003 for a comprehensive review of the drug regulatory system in the country including the extent of problem of spurious drugs and remedial measures to deal with this problem effectively. The major amendments proposed relate to enhancement of penalties prescribed under the Drugs and Cosmetics Act, provision of special courts for speedy trial of drug related offences, compounding of offences, authorizing the police also to file prosecution for drug related offences and making all drug related offences cognizable and non-bailable. All this is expected to act as a strong deterrent for manufacturers of counterfeit drugs. This Ministry has already initiated the process of amending the Drugs and Cosmetics Act, 1940 to provide for stricter penalties, in pursuance of the recommendations of the Mashelkar Committee. Government of India has also launched a 5-year World Bank aided Capacity Building Project for Food Safety and Quality Control of drugs with a total project cost of Rs. 354.25 crores. Extensive assistance is being provided to State Governments to augment their drug testing facility by way of equipments, manpower, training and civil works under the Project and a strong IEC campaign for the education of the consumers have also been initiated.

#### **Target for polio eradication**

†516. SHRIMATI SUSHMA SWARAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the target had been fixed to make altogether polio free India by 2007;

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† Original notice of the question was received in Hindi.

[2 March, 2007]

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- (b) if so, to what extent we are lagging behind to achieve this target so far;
- (c) whether this target would be achieved by the end of 2007; and
- (d) if not, whether India has sent any proposal to World Health Organization to extend this period?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

(b) and (c) Do not arise.

(d) India has not sent any proposal to World Health Organisation. Currently the effort is to make India polio free as early as possible.

### **Rush of outsider patients in AIIMS**

†517. SHRI MANGANI LAL MANDAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that due to lack of proper treatment of patients on time and within stipulated time-limit, the reliability of All India Institute of Medical Science (AIIMS) situated at New Delhi, has come under suspicion;

(b) whether it is a fact that patients suffering from various diseases come to AIIMS in large numbers for treatment from several State bordering Delhi including Assam, Bihar, Uttar Pradesh and Madhya Pradesh;

(c) if so, the details thereof; and

(d) the plan of Government for its improvement and streamling in the changing scenario?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (d) According to AIIMS, the Institute is providing medical care and emergency care to patients who come for treatment. On an average, 7000 patients are attending OPD daily. People from other State also access AIIMS for treatment of various diseases. The number of patients hailing from different States admitted in AIIMS during the last three years are furnished in the Statement (See below). Apart from augmenting the facilities at AIIMS for meeting the increased workload, the Government

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